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APR 12 2005

\*\*\*\*\*  
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TO: Commissioner of Patents  
 FAX NO.: 703-872-9306  
 FROM: Thomas Bethea, Jr. Reg. No. 53,987  
 DATE: April 12, 2005  
 MATTER: U.S. Serial No.: 09/835,030 filed: April 13, 2001  
 DOCKET NO.: SAR/14110  
 APPLICANT: Reed, Jr.

The following has been received in the U.S. Patent and Trademark Office on the date of this facsimile:

<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Transmittal (2 copies)
<input type="checkbox"/> Disclosure Statement & PTO-1449	<input checked="" type="checkbox"/> Fee Transmittal (2 copies)
<input type="checkbox"/> Priority Document	<input checked="" type="checkbox"/> Deposit Account Transaction
<input checked="" type="checkbox"/> Amendment Under 37 C.R.F. §1.116	<input checked="" type="checkbox"/> Facsimile Transmission Certificate dated <u>April 12, 2005</u>

CERTIFICATE OF TRANSMISSION UNDER 37 C.F.R. §1.8

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Tara Carter  
Name of person signing this certificate

  
Signature and date

April 12, 2005

PTO/SB/21 (09-04)

Approved for use through 07/31/2006, OMB 0651-0031  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number 09/835,030

Filing Date April 13, 2001

First Named Inventor Reed

Art Unit 2634

Examiner Name ZHENG, Eva Y

Attorney Docket Number SAR/14110

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Facsimile Transmission
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Moser, Patterson &amp; Sheridan, LLP

Signature 

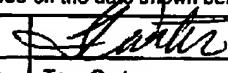
Printed Name Thomas Bethea, Jr.

Date April 12, 2005

Reg. No. 53,987

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Signature 

Typed or printed name Tara Carter

Date April 12, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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355413\_1

PTO/SB/21 (08-04)

Approved for use through 07/31/2006. OMB 0651-0031  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/835,030
Filing Date	April 13, 2001
First Named Inventor	Reed
Art Unit	2634
Examiner Name	ZHENG, Eva Y
Total Number of Pages in This Submission	Attorney Docket Number
	SAR/14110

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
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<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
<b>Remarks</b>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Moser, Patterson &amp; Sheridan, LLP

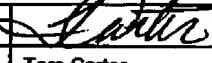
Signature 

Printed Name Thomas Bethea, Jr.

Date April 12, 2005 Reg. No. 53,987

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Signature 

Typed or printed name Tara Carter

Date April 12, 2005

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355413\_1

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL for FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

<b>TOTAL AMOUNT OF PAYMENT</b>	(\$) 400
--------------------------------	-------------

Complete if Known	
Application Number	09/835,030
Filing Date	April 13, 2001
First Named Inventor	Charles Reed
Examiner Name	Eva Y. Zheng
Art Unit	2634
Attorney Docket No.	SAR/14110

**METHOD OF PAYMENT (check all that apply)** Check    Credit Card    Money Order    None    Other (please identify) : Deposit Account   Deposit Account Number: 20-0782   Deposit Account Name:

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below    Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s)    Credit any overpayments  
 Under 37 CFR 1.16 and 1.17

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	FILING FEES		SEARCH FEES		EXAMINATION FEES			
	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>	
Utility	300	150	500	250	200	100	—	
Design	200	100	100	50	130	65	—	
Plant	200	100	300	150	160	80	—	
Reissue	300	150	500	250	600	300	—	
Provisional	200	100	0	0	0	0	—	

**2. EXCESS CLAIM FEES****Fee Description**Each claim over 20 (including Reissues)   

<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>
50	25	—

Each independent claim over 3 (including Reissues)   

200	100	—
360	180	—

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
	<u>-20 or HP=</u>	<u>x</u>	<u>=</u>		<u>—</u>	<u>—</u>

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
	<u>5</u>	<u>- 3 or HP=</u>	<u>2</u>	<u>x</u>	<u>200</u>	<u>= 400</u>

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
—	—	—	—	—

— 100 = — / 50 = — (round up to a whole number) x = —

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) : —

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)
Name (Print/Type)	Thomas Beethe, Jr.	Telephone      732-530-9404 Date            April 12, 2005

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL for FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$ 400)

Complete if Known

Application Number	08/835,030
Filing Date	April 13, 2001
First Named Inventor	Charles Reed
Examiner Name	Eva Y. Zheng
Art Unit	2634
Attorney Docket No.	SAR/14110

**METHOD OF PAYMENT (check all that apply)** Check  Credit Card  Money Order  None  Other (please identify) : Deposit Account Deposit Account Number: 20-0782 Deposit Account Name:

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

Under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

**Small Entity**

Fee (\$) 50 25

Each independent claim over 3 (including Reissues)

Fee (\$) 200 100

Multiple dependent claims

Fee (\$) 360 180

**Total Claims****Extra Claims**

Fee (\$)

Fee Paid (\$)

**Multiple Dependent Claims**

-20 or HP= \_\_\_\_\_

x \_\_\_\_\_

= \_\_\_\_\_

Fee (\$) \_\_\_\_\_

Fee Paid (\$) \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims****Extra Claims**

Fee (\$)

Fee Paid (\$)

5 - 3 or HP= 2

x 200

= 400

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

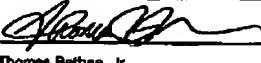
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = _____	/ 50 = _____	(round up to a whole number) x	= _____	Fee Paid (\$)

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	53,987	Telephone	732-530-8404
Name (Print/Type)	Thomas Bethea, Jr.			Date	April 12, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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09/835,030

SAR 14110

IN THE UNITED STATES  
PATENT AND TRADEMARK OFFICE

RECEIVED  
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APR 12 2005

**PATENT APPLICATION**

**Applicant: Charles REED**

**Filed: April 13, 2001**

**Case: SAR 14110**

**Group Art Unit: 2634**

**Serial No.: 09/835,030**

**Examiner: Eva Y. Zheng**

**Title: METHOD AND APPARATUS FOR PERFORMING JOINT TIMING RECOVERY  
OF MULTIPLE RECEIVED SIGNALS**

**MAIL STOP: AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

**Dear Sir:**

<b>CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 CFR 1.8</b>	
I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office to the fax number indicated by the Examiner, namely, fax number 703-672-9306, on the date below.	
<u>4-12-2005</u>	
Date	Signature

**RESPONSE TO FINAL OFFICE ACTION DATED JANUARY 12, 2005**

In response to the Final Office Action dated January 12, 2005, having a shortened statutory period for response set to expire on April 12, 2005, please enter this response and reconsider the claims pending in the application for reasons discussed below. Although Applicants believe that no additional fees are due in connection with this response, the Commissioner is hereby authorized to charge counsel's Deposit Account No. 20-0782, for any fees, including extension of time fees or excess claim fees, required to make this response timely and acceptable to the Office.